



Commercial Drivers License
555 Wright Way, Carson City
810 E. Gregg St, Sparks, NV 89431
4110 Donovan Way, N Las Vegas, NV 89030
3505 Construction Way, Winnemucca, NV 89445
3950 E. Idaho St, Elko, NV 89801
178 N. Avenue F, Ely, NV 89301

THIRD PARTY COMPANY APPLICATION

NRS 483.912, NAC 483.125 to 483.197

Please print

Telephone: _____

Name of Company: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Contact Person: _____ Title: _____

Company Type, select on of the following:

Government: ☐ No ☐ Yes, select one of the following: ☐ Public School ☐ State ☐ County ☐ Local _____
Non-Government: ☐ CDL Employer ☐ Other _____

Classification of the vehicles you own or lease:

Vehicle Class: ☐ A ☐ B ☐ C

Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ S ☐ X

Do the vehicles have air brakes? ☐ Yes ☐ No

Do the vehicles have automatic transmissions? ☐ Yes ☐ No

To qualify as a third party tester, you must have a minimum of 10 vehicles, five of which are power units. These vehicles need to be currently registered and to show your company's name as registered owner of lessee on the records of the Department of Motor Vehicles.

Vehicle List:

Type: A = Combination vehicles 26,001 or more GVWR

B = Single vehicle 26,001 ore more GVWR

C1 = Single vehicle transporting hazardous materials

T = Trailer or semi-trailer 10,000 or more GVWR

-C = Single vehicle with 15 or more passengers

	Type	Plate Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Type	Plate Number
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

LEASED VEHICLES

A copy of your current lease documents is required if your company is not shown on the registration records of the Department of Motor Vehicles. If the number of vehicles leased or owned by you falls below the minimum number required, your third party testing certification will be suspended. Labor leasing companies may submit a contract as proof, showing that vehicles of the specified classification(s) are available to the employer for the testing and training of drivers as required.

Please complete this application and return it to the Department at the location indicated:

- | | |
|--|--|
| <input type="checkbox"/> 555 Wright Way, Carson City | <input type="checkbox"/> 810 E. Gregg St, Sparks, NV 89431 |
| <input type="checkbox"/> 3505 Construction Way, Winnemucca, NV 89445 | <input type="checkbox"/> 3950 E. Idaho St, Elko, NV 89801 |
| <input type="checkbox"/> 4110 Donovan Way, N Las Vegas, NV 89030 | <input type="checkbox"/> 178 N. Avenue F, Ely, NV 89301 |

If your company qualifies, you will be assigned a number for use by any of your authorized representatives in completing Certificate of Driving Ability forms. Upon approval of your application, the fee for certification is \$555.00, annually.

NOTE: All facts entered on any of these forms are subject to verification by the Department of Motor Vehicles. The Department will use the information to determine if your company qualifies to certify the driving skills of your employees.

If your company has more than one location in Nevada from which Certificate of Driving Ability may be issued, list them below. Include only those branch locations where drivers take part in your driver testing and training program.

Address: _____	Phone: _____
Street City State Zip	
Address: _____	Phone: _____
Street City State Zip	
Address: _____	Phone: _____
Street City State Zip	

Name: _____ Title: _____

Signature: _____ Date: _____



DEPARTMENT USE ONLY



☐ Original ☐ Renewal ☐ Reinstatement ☐ Other _____

Application Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____
Fee Paid: \$ _____	Received by: _____	Date: _____
Site Review Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date: _____
Final approval date: _____	Certification Number: _____	

CDL Supervisor Signature: _____ Date: _____

Reason for denial: _____
